

The 60-day Provider Assessment Process

When an individual chooses a new service or new provider, the selected provider may opt to complete a 60-day assessment Plan for Supports. This gives the time needed to get to know the individual, listen to his or her preferences and explore how supports need to be provided in the future.

Outcomes related to a 60-day assessment are transferred directly from the individual's existing shared plan. If new outcomes are needed for a new service, this can be discussed with the individual and family during the preliminary assessment process required by the Office of Licensing. For example: "Jack tries different jobs in order to find one he likes" might be needed if Jack is just now entering the work force.

Routine day-to-day supports that make outcomes possible (such as tooth brushing, bathing and dressing) might be included under a single outcome such as "Jack is healthy, safe and a valued member of his community" unless these are things the individual wants to learn. It is critical; however, that other major medical and behavioral issues have their own outcomes. This might be singling out any medical issues that staff would need to be aware of during the 60 day plan. For example: "Jack eats a diabetic diet so that he stays healthy."

The support instructions that a new provider would include on Part V detail the supports needed for safety as well as how direct support professionals will learn about the individual's preferences in relation to supports needed in all areas of living and where to record information so that the Plan for Supports can be revised and submitted to the support coordinator by day 61.

On the 60-day Part V, it is suggested that providers insert the following title information:

Part V. Plan for Supports – 60 Day Assessment Dates from:	to:
--	------------

60-Day Assessments



When an individual is new to Waiver

1. The SC completes Part III & IV with the individual to identify initial outcomes and provides completed Parts I-IV and the SIS report to the new provider.
2. The New provider (s) reviews Part III and identifies selected Outcomes for which they will develop supports; *these outcomes are transferred onto the provider's Part V where they sign along with the individual/rep.*
3. New Provider completes a 60-Day, Part V, Plan for Supports that reflects Part III and details assessment activities prior to beginning services (must include H&S outcomes). Any new outcomes are justified as important TO or FOR, and added to the Person-Centered Review (PCR) or directly onto the Part V when not using the PCR while adding a signature line for the SC.
4. New Provider sends the Part V Plan for Supports and the PCR to SC prior to beginning services. The SC signs and returns the signature page approving any additional outcomes.
5. Provider records new learning about the individual in the Support Log and Person-Centered Review Update. An ongoing Plan for Supports is completed by Day 61.

When an individual already has Waiver

1. The SC provides completed Parts I-IV and the risk assessment to the new provider (include the SIS report when the individual has a SIS).
2. The New provider (s) reviews Part III and identifies selected Outcomes for which they will develop supports; *these outcomes are transferred onto the provider's Part V where they sign along with the individual/rep.*
3. New Provider completes a 60-Day, Part V, Plan for Supports that reflects Part III and details assessment activities prior to beginning services (must include H&S outcomes). Any new outcomes are justified as important TO or FOR, and added to the PCR (or directly onto the Part V when not using the PCR while adding a signature line for the SC) and, includes the completion of their existing, approved assessment (when the individual does not have a SIS).
4. New Provider sends the Part V Plan for Supports and the PCR to SC prior to beginning services. The SC signs and returns the signature page approving any additional outcomes.
5. New learning about the individual is recorded in the Support Log and Person-Centered Review Update. An approved assessment is completed during the 60-day assessment when an individual does not have a SIS. An ongoing Plan for Supports is completed by Day 61.